

**STATE BAR OF CALIFORNIA
TRANSFER TO ACTIVE MEMBERSHIP STATUS FORM**

I hereby request that I be enrolled as an **ACTIVE** member of the State Bar of California in accordance with the Rules and Regulations of the State Bar, Article I, Section 3.

NOTE: Only **INACTIVE** members may transfer to **ACTIVE** status.

Enclosed is my check, payable to State Bar of California, in the amount of \$_____ for **ACTIVE** membership fees.

(Call Membership Records at 415-538-2000 for fee information.)

Print Name

Member Number

Member Signature

Effective Date

(Status change will be effective upon receipt of this form and payment in full by the Membership Records Department unless a later date is specified.)

Mail form to: **State Bar of California
Membership Records
180 Howard St
San Francisco CA 94105**